

# Stop Domestic Abuse

## Referral Form for Portsmouth



<b>Staff Name:</b>				
<b>Date:</b>	<b>Form completed by:</b> <input type="checkbox"/> Stop Domestic Abuse <input type="checkbox"/> Other Agency ( <i>Please specify</i> ):			
<b>Service Requested</b>	<b>Community Based Service</b> <input type="checkbox"/>	<b>Refuge</b> <input type="checkbox"/>	<b>CYP</b> <input type="checkbox"/>	<b>Group Work</b> <input type="checkbox"/>
<b>Referrer Details</b>				
<b>Name and Organisation:</b>		<b>Phone Number:</b>		
<b>Address:</b>				
<b>Email:</b>				

<b>Client Details</b>			
Full Name		Alias	
Date of Birth			

<b>Gender</b>	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> Gender Queer <input type="checkbox"/> Non Binary <input type="checkbox"/> Client doesn't identify as any of the above, please specify gender:
<b>Sexuality</b>	Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Client doesn't identify as any of the above, please specify sexuality:

<b>Safe Contact number:</b>		<b>Safe to Leave a message?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Safe to send a text?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Safe time to call / will someone else answer this phone?			
Email Address:			
Is client only person with access?			

<b>Current Accommodation</b>			
Address:			
Borough of origin:			Postcode:
Type of Tenure:		PCC staff member:	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Details of Family Members</b>					
First Name	Surname	Gender	Relationship	Date of Birth	Age


Are you pregnant? Yes  No  If yes estimated due date?

**Domestic Abuse**

Are they leaving because of Domestic Abuse? Yes  No

Type of Abuse(please mark if relevant):	<input type="checkbox"/> Physical	<input type="checkbox"/> Emotional	<input type="checkbox"/> Financial	<input type="checkbox"/> Sexual
	<input type="checkbox"/> Psychological	<input type="checkbox"/> HBV	<input type="checkbox"/> FGM	<input type="checkbox"/> Coercive Control

Further information:

Have the authorities been involved? Police: Yes  No  Social Care: Yes  No

Are Children on the Child Protection Plan/CIN? Yes  No

DASH Completed? Yes  No  Date Completed: Score

**Health Needs/Medication**

Any Mental Health difficulties? Yes  No  Are they on any Medication? Yes  No   
 Any Physical Health difficulties? Yes  No

If yes, give details

**Disabilities**

Do they have any disabilities? Yes  No  Are they registered disabled? Yes  No

Further information:

**Does the client have any history of the following:**

Alcohol Problems	<input type="checkbox"/>	Sexual Offences	<input type="checkbox"/>
Substance Misuse	<input type="checkbox"/>	Criminal Offences	<input type="checkbox"/>
Aggression	<input type="checkbox"/>	Stalking	<input type="checkbox"/>
Arson	<input type="checkbox"/>	Breaches of order or bail	<input type="checkbox"/>
Self Harm	<input type="checkbox"/>		

**Cultural / Religious Needs**

Any cultural or faith needs that they require support with?

Does the client require an interpreter? If yes what language?

**Ethnic Group\* (please tick)**

White:		Mixed		Black or Black British		Asian or Asian British		other ethnic group	
British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>		
Any other white	<input type="checkbox"/>	Any other mixed background	<input type="checkbox"/>			Chinese	<input type="checkbox"/>		

				Any other Asian	<input type="checkbox"/>	
<b>*This is to demonstrate we offer an inclusive service. Information will be used for monitoring purposes only.</b>						
<b>Perpetrator Information</b>						
Full Name:		Date of Birth:		Address:		
Gender:		Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/>				
Bail Conditions:		Civil Orders:		Criminal Orders:		
Occupation:			Does the Perpetrator remain in the home? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Car Details (Registration No, Colour, Make Model etc)						
Victims Relationship to Perpetrator:						
Partner	<input type="checkbox"/>	Father	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>	
Ex Partner	<input type="checkbox"/>	Son	<input type="checkbox"/>	Other Family Member	<input type="checkbox"/>	
Mother	<input type="checkbox"/>	Daughter	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>	
<b>Concerns</b>						
<i>Please list any concerns from SDA or Referring Agency</i>						
<b>Risks</b>						
Are there any risks associated with this referral?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does a Risk Assessment need to be completed prior to admittance?				Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes has a risk assessment been completed?				Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Privacy Notice

This referral form once completed will be sent to Southern Domestic Abuse Service trading as Stop Domestic Abuse of PO Box 53 Havant, PO9 1JW, who is the Data Controller in charge of processing personal data provided. The Data Protection Officer is the Business Support & Development Manager. Southern Domestic Abuse Service will process your personal information in order to assess, manage, deliver and develop any services we provide for you and provide anonymous statistical reports to the organisations that fund our work. We will process your data on the basis of our legitimate interests to report to organisations that fund the work we do and to provide the best service to our clients. We will process your ethnic origin, sexual orientation, health and religious information for the purpose of reviewing equality of opportunity within our service, you can choose not to give this information to us, and withdraw your consent to us processing this information by writing to us at the above address.

If you are offered a place at one of our refuges we will need to pass your information to the relevant landlord - although we only do this on the understanding they keep the information confidential.

With your permission we will pass on information about you, including your contact details, to other organisations who are running services of use to you. We will only pass your information on without your permission if we have concerns for a child or vulnerable adult or we are compelled by law. We will never pass your contact details on to salespeople, or to private organisations.

As data controller, we will not keep your information longer 10 years following you finishing receiving support from the organisation and will strive to keep it up to date. You have the right, under the Data Protection Act 1998 and the General Data Protection Regulations 2018 (once enacted), to see and if necessary, correct personal data we hold about you. Please contact us if you would like to see the information held on you, or if you do not wish to be contacted by us in the future.

If you have any questions about how we will use your information please talk to one of our staff.

**I confirm I have read the data protection statement above and all information given is true and correct to the best of my knowledge.**

Signed

Date

Has verbal agreement for this referral has been obtained from the client? Yes  No

Please email this referral form to [portsmouthreferral@stopdomesticabuse.uk](mailto:portsmouthreferral@stopdomesticabuse.uk) or [portsmouth.referral@stopdomesticabuse.cjsm.net](mailto:portsmouth.referral@stopdomesticabuse.cjsm.net)

Alternatively you can call 02392 065494 for advice; Mon-Fri 9am-9pm and Weekends 10am-6pm.

## Domestic Abuse Stalking & Harassment (DASH) Risk Assessment

Risk Indicator Checklist for use by professionals to assess risk when domestic abuse, 'honour' based violence and/or stalking are disclosed

<b>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.x It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</b>	<b>YES</b>	<b>NO</b>	<b>DON' T KNOW</b>	<b>For YES answers please give details and state source of info if not the victim (e.g. police officer)</b>
<b>1. Has the current incident resulted in injury?</b> Please state what and whether this is the first injury. <ul style="list-style-type: none"><li>• <i>When did the incident occur?</i></li><li>• <i>What injuries have been sustained?</i></li><li>• <i>How does this compare to previous injuries?</i></li><li>• <i>Do they need medical attention?</i></li><li>• <i>Has the incident been reported to the police?</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Are you very frightened?</b> Comment: <ul style="list-style-type: none"><li>• <i>What/Who are you frightened of?</i></li><li>• <i>Who are you fearful for?</i></li><li>• <i>What do you think the perp might do?</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. What are you afraid of? Is it further injury or violence?</b> Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Do you feel isolated from family/friends?</b> i.e. does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment: <ul style="list-style-type: none"><li>• <i>Dependence on perp through lack of financial resources; social or geographical separation from friends</i></li><li>• <i>No support networks</i></li><li>• <i>Kept away from support networks</i></li><li>• <i>Concerned about upholding family honour?</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Are you feeling depressed or having suicidal thoughts?</b> <ul style="list-style-type: none"><li>• <i>Has there been a previous suicide attempt?</i></li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> <li>• <i>Is there sleep disruption?</i></li> <li>• <i>How definite are your plans?</i></li> <li>• <i>Have you spoken to your GP about it?</i></li> <li>• <i>Is there a history of drug or alcohol abuse?</i></li> <li>• <i>Is there a history of previous psychiatric treatment?</i></li> </ul>				
<p><b>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</b></p>	<b>YES</b>	<b>NO</b>	<b>DON' T KNOW</b>	<b>State source of info if not the victim (e.g. police officer)</b>
<p><b>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</b></p> <ul style="list-style-type: none"> <li>• <i>When did you separate?</i></li> <li>• <i>Are you currently leaving or planning on leaving?</i></li> <li>• <i>Does the perp threaten what they may do if you leave?</i></li> <li>• <i>Are you prevented from leaving due to threats?</i></li> <li>• <i>Does your dependence on perp for physical care prevent you from leaving?</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>7. Is there conflict over child contact?</b></p> <ul style="list-style-type: none"> <li>• <i>How many children do you have? DOB, names</i></li> <li>• <i>Is the perp biological father to all of your children?</i></li> <li>• <i>Does the perp have parental responsibility?</i></li> <li>• <i>Does the perp know where the children go to school?</i></li> <li>• <i>Has the perp threatened to kidnap them/go to Social Care or Courts and claim that you are a bad parent?</i></li> <li>• <i>Are there any threats of children being sent overseas?</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</b> <i>Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.</i></p> <ul style="list-style-type: none"> <li>• <i>Does the perp vandalise/destroy your property?</i></li> <li>• <i>... turn up unannounced/follow you?</i></li> <li>• <i>... text/email/call continuously?</i></li> <li>• <i>...threaten suicide/homicide/sexual violence?</i></li> <li>• <i>...send letters/notes/gifts?</i></li> <li>• <i>...making contact around anniversaries?</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</b></p> <ul style="list-style-type: none"> <li>• <i>What is the EDD?</i></li> <li>• <i>Does the perp know about the pregnancy? Is the baby their child?</i></li> <li>• <i>Does the perp target any attacks or abuse towards your stomach?</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>10. Is the abuse happening more often?</b></p> <ul style="list-style-type: none"> <li>• <i>Was this the most severe incident?</i></li> <li>• <i>How many have there been in the last 12 months?</i></li> <li>• <i>Are they increasing?</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>11. Is the abuse getting worse?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> <li>• Was this the most severe?</li> <li>• Are the incidents getting worse?</li> </ul>				
<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</p>	<b>YES</b>	<b>NO</b>	<b>DON' T KNOW</b>	<b>State source of info if not the victim (e.g. police officer)</b>
<p><b>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</b>  <i>For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.</i></p> <ul style="list-style-type: none"> <li>• Are you made to account for your time and whereabouts?</li> <li>• Are you isolated from friends/family?</li> <li>• Does the perp accuse you of infidelity?</li> <li>• Are you prevented from taking medication?</li> <li>• Are there threats that the children will be taken away if you report this?</li> <li>• Is there extreme jealousy?</li> <li>• Does the perp use your religion/sexual orientation as a way of control?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</b></p> <ul style="list-style-type: none"> <li>• Consider ashtrays, children's toys, phones, remote control, glass, plate, lighter, etc</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</b>  If yes, tick who:</p> <p style="padding-left: 40px;">You <input type="checkbox"/></p> <p style="padding-left: 40px;">Children <input type="checkbox"/></p> <p style="padding-left: 40px;">Other (please specify) <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• What threats does the perp make?</li> <li>• Who else have the perp told about their plans to kill you/other?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</b></p> <ul style="list-style-type: none"> <li>• What led to being strangled/choked/suffocated/drowned?</li> <li>• How did this happen? Was anything used to assist, e.g. shoe laces?</li> <li>• How often does the perp do this?</li> <li>• Did you lose consciousness/stop breathing?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <b>not the case</b>, please indicate in the right hand column</p>	YES	NO	DON' T KNOW	State source of info if not the victim (e.g. police officer)
<p><b>16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?</b>            If someone else, specify who.</p> <ul style="list-style-type: none"> <li>• <i>Intimidation/pressure to have sex including using weapons</i></li> <li>• <i>Use of sexual insults</i></li> <li>• <i>Unwanted sexual touching, including the use of objects</i></li> <li>• <i>Inflicting pain during sex</i></li> <li>• <i>Exposing children or you to pornographic material</i></li> <li>• <i>Exploiting you through us of pictures/videos taken</i></li> <li>• <i>Forcing you to have sex with other people</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>17. Is there any other person who has threatened you or who you are afraid of?</b>            If yes, please specify whom and why. Consider extended family if HBV.</p> <ul style="list-style-type: none"> <li>• <i>Consider known associates</i></li> <li>• <i>Family-Honour Based Violence</i></li> <li>• <i>Gang members</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>18. Do you know if [name of abuser(s)] has hurt anyone else?</b>            Consider HBV. Please specify whom, including the children, siblings or elderly relatives:</p> <p>Children <input type="checkbox"/></p> <p>Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• <i>Are the victims children? Their details needed</i></li> <li>• <i>How and when were they harmed?</i></li> <li>• <i>Current whereabouts of the other victims?</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>20. Are there any financial issues?</b>  <i>For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/other financial issues?</i></p> <ul style="list-style-type: none"> <li>• <i>Can you claim benefits? Do you jointly claim benefits?</i></li> <li>• <i>Do you jointly claim benefits?</i></li> <li>• <i>Does the perp restrict/withhold or deny money?</i></li> <li>• <i>Forced to take out any loans that you are now responsible for?</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p>	YES	NO	DON' T KNOW	State source of info if not the victim

It is assumed that your main source of information is the victim. If this is <u>not the case</u> , please indicate in the right hand column				(e.g. police officer)
<p><b>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</b> If yes, please specify which and give relevant details if known.</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> <li>• How often does the perp use alcohol/drugs?</li> <li>• Do they have an addiction?</li> <li>• Are the drugs illegal or on prescription?</li> <li>• Are there any diagnosed mental health concerns?</li> <li>• Are they receiving support?</li> <li>• Is this a trigger in the change of behaviour</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>22. Has [name of abuser(s)] ever threatened or attempted suicide?</b></p> <ul style="list-style-type: none"> <li>• When was this?</li> <li>• Was it at point of separation/threats of leaving?</li> <li>• Was it a threat or attempt?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children?</b> You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Molestation/Occupation Order <input type="checkbox"/></p> <p>Child contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• How many times have they broken a condition?</li> <li>• Have there been reported?</li> <li>• Was it in relation to the survivor?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</b> If yes, please specify:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• When was this?</li> <li>• Was there a custodial sentence?</li> <li>• How many convictions have there been?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total 'yes' responses</b>				



**For consideration by professional**

<p><b>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</b></p>	
<p><b>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</b></p>	
<p><b>What are the victim's greatest priorities to address their safety?</b></p>	

<p><b>Do you believe that there are reasonable grounds for referring this case to Marac?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		
<p><b>If yes, have you made a referral?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		
<p><b>Signed</b></p>		<p><b>Date</b></p>	
<p><b>Do you believe that there are risks facing the children in the family?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>		
<p><b>If yes, please confirm if you have made a referral to safeguard the children?</b></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><b>Date referral made</b></p>	
<p><b>Signed</b></p>		<p><b>Date</b></p>	
<p><b>Name</b></p>			

**Practitioner's notes**